UNC HEALTH®

Patient Request for Access to Protected Health Information (PHI)

HIM# 1409s

Patient's Name (print)	*Phone Number*	*Date of Birth*
Patient's Address		*Medical Record #*

INFORMATION THAT CAN BE RELEASED: If specific dates only, list dates: _____

Type of Records Being Requested (*check all that apply***):**

☐ **All My Medical Records**
☐ Urgent Care Center Notes
☐ Operative/Procedure Notes
☐ Discharge Summaries
☐ Laboratory Reports
☐ Radiology Reports
☐ Film/CD (Imaging Support)
☐ Clinic Notes (outpatient)
☐ Other (describe in detail): _____
_____
☐ Emergency Dept. Notes
☐ History and Physical
☐ Provider Orders
☐ Consultations
☐ Progress Notes (inpatient)
☐ Patient Billing Records
☐ Nursing Notes

Person/Company that you wish to receive your records

Name: _____

Address: _____

_____

Phone Number: _____

Fax (if applicable): _____

Please check if you wish to authorize the release of sensitive medical information: ☐ Mental Health/Psychiatric Treatment ☐ Genetic Testing Information ☐ Alcohol or Substance Abuse Treatment ☐ STD/HIV/AIDS Treatment(s) or Test(s)

Format Requested / Delivery Method

☐ Mail paper records to address listed above
☐ Review or pick up paper records in Health Information Management (HIM) Department
☐ Verbal release to person identified above
☐ Fax to number listed above (Health care providers only; no personal faxes)
☐ Other: (*describe*) _____

Fees: A reasonable cost-based fee may be charged for copies of records being requested. Patients may request a cost estimate from HIM in advance.

☐ Receive electronically via email (*check one and print email address*)
☐Unsecure/unencrypted* ☐ Secure/encrypted *(may be size limitations)* Email: _____
*communication by unencrypted email presents a risk that personally identifiable information contained in the email, may be intercepted by unauthorized third parties
☐ Release to web portal via MyUNC Chart in electronic format. (Access will only be available for 30 days; you may print and/or save a copy for personal use) **This option is only available for records that were created in Epic.
If you do not have a MyUNC Chart you may sign up for an account here: https://myuncchart.org/mychart/

Expiration: Unless previously revoked, this Authorization will expire on the following date, event or condition: (*list date, event or condition*) _____. If I fail to specify an expiration date or event or condition, this Authorization shall remain in effect for **one (1) year** from the date I sign it.

Signature of Patient	*Date*	*Time*
OR Signature of Authorized Representative	*Date*	*Time*
Printed Name of Authorized Representative	*Phone Number of Authorized Representative*	
Explain Representative's authority to act on behalf of the Patient:		

REQ12345

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Please send your completed Request for Patient Access to Protected Health Information (PHI) Form by fax or mail to the entity listed below (If only requesting film please send request to applicable facilities radiology department):	
For:	**Send to:**
UNC Health Appalachian	Watauga Hospital ATTN: Health Information Management Department 336 Deerfield Road, Boone, NC 28607 (fax) 828-265-5014; (phone) 828- 262-9581 Cannon Memorial Hospital & Appalachian Behavioral Health Hospital ATTN: Health Information Management Department PO Box 767, Linville, NC 28646 (fax) 828-737-7531; (phone) 828-737-7547
UNC Health Blue Ridge	UNC Health Blue Ridge Health Information Management 2201 S. Sterling Street, Morganton NC, 28655 (fax): 828-580-6859 (phone): 828-580-6887
UNC Health Caldwell	Caldwell Health Information Management Attn: Release of Information 321 Mulberry St SW, Lenoir, NC 28645 (fax) 828-757-5169 (phone) 828-757-5111 For radiology film only: Caldwell Memorial Hospital Radiology Department (fax) 828-757-5206; (phone) 828-757-5204
UNC Health Chatham	Chatham Hospital Health Information Management Attn: Release of Information 475 Progress Blvd. Siler City, NC 27344 (fax) 919-799-4801; (phone) 919-799-4804 Email: chathamreleaseofinfo@unchealth.unc.edu For radiology film only: Chatham Hospital Radiology Department (fax) 919-799-4601; (phone) 919-799-4600
UNC Health Johnston	UNC Health Johnston Health Information Management Attn: Release of Information PO Box 1376, Smithfield, NC 27577 (fax) 919-934-9266; (phone) 919-938-7705 Email: johnstonreleaseofinfo@unchealth.unc.edu For radiology film only: • *Smithfield Hospital Location* Johnston UNC Health Care Radiology Department 509 N. Brightleaf Blvd., Smithfield, NC 27577 (fax) 919-989-9795; (phone) 919-938-7190 • *Clayton Hospital Location* Johnston UNC Health Care Radiology Department 2138 NC Highway 42W, Clayton, NC 27520 (fax) 919-585-8462; (phone) 919-585-8450

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UNC Health Lenoir	UNC Lenoir Health Care Health Information Services Attn: Release of Information 100 Airport Rd, PO Box 1678, Kinston, NC 28503-1678 (fax) 252-522-7099; (phone) 252-522-7185
UNC Health Nash	Nash UNC Health Care Health Information Management 2460 Curtis Ellis Drive, Rocky Mount, NC 27804 (fax) 252-962-8291; (phone) 252-962-8130
UNC Health Pardee	Pardee Health Information Management Attn: Release of Information 800 North Justice Street, Hendersonville, NC 28791 (fax) 828-696-1097; (phone) 828-696-1094 For radiology film only: Pardee UNC Health Care, Attn: Radiology 800 North Justice Street, Hendersonville, NC 28791 (fax) 828-696-1076; (phone) 828-969-1040
UNC Health Rex	Rex Health Information Management Attn: Release of Information 4420 Lake Boone Trail, Raleigh, NC 27607 1st Floor, Main Hospital (fax) 919-784-3343 or 919-784-1472; (phone) 919-784-3158 Email: rexreleaseofinfo@unchealth.unc.edu For radiology film only: Rex Healthcare / Rex Hospital Radiology Department (fax) 919-784-3497; (phone) 919-784-3023
UNC Health Rockingham	UNC Rockingham Health Care Health Information Management 117 E Kings Hwy, Eden, NC 27288 (fax) 336-635-6899; (phone) 336-627-6194 Email: rockinghamreleaseofinfo@unchealth.unc.edu For radiology film only: UNC Rockingham Health Care Diagnostic Imaging 117 E Kings Hwy, Eden, NC 27288 (fax) 336-627-7687; (phone) 336-623-9711 x1712429
UNC Health Southeastern	UNC Health Southeastern Health Information Management 300 W 27th Street, Lumberton, NC 28358 (fax): 910-671-5349 (phone): 910-671-5539 For radiology film only: UNC Health Southeastern Medical Imaging Department (fax): 910-671-5209 (phone): 910-671-5054
UNC Health Wayne	Wayne UNC Health Care Health Information Management 2700 Wayne Memorial Drive, Goldsboro, NC 27534 (fax) 919-587-2975; (phone) 919-731-6117 For radiology film only: Wayne UNC Health Care, Radiology Department

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	2700 Wayne Memorial Drive, Goldsboro, NC 27534 (phone): 919-731-6013
UNC Hospitals	Mailing address only: UNC Health Information Management Attn: Release of Information 600 Eastowne Drive, 3rd Floor, Chapel Hill, NC 27514 (fax) 984-974-0471; (phone) 984-974-3226 Email: relmedinfo@unchealth.unc.edu Walk in drop off location only: UNC Hospitals Health Information Management 1101 Weaver Dairy Road, Suite 106 Chapel Hill, NC 27514 For radiology film only: UNC Hospitals Radiology Department (fax) 984-974-8814; (phone) 984-215-5759 Email: FILMmail@unchealth.unc.edu
UNC Physicians Network	Return directly to UNC Physicians Network Clinic